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RANDALL B. BATEMAN P.O. BOX 1319 **SALT LAKE CITY, UT 84110-1319**

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(Depositor's name) Haman ndall B. (Signature) (Date)

ATTORNEY DOCKET NO

APPLICATION NO.	PILING DATE		FIRST NAME	DINVENTOR	ATTORNET DOCKET NO.	CONTINUATION NO.
09/787,651	06/28/2001	Dieter Otto			1589.GLE.PT	4840
TITLE OF INVENTION: V	ACUUM PUMP					
					•	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$0	\$1400	03/16/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS		
TRIEU, THERESA		3748 418-152000		•		
1. Change of correspondence	e address or indication of "Fe	e Address" (37	2. For prin	nting on the patent front page, li	ist	
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively.			
			1 2 7			
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3			
Number is required.			listed, no	name will be printed.	<u> </u>	
3. ASSIGNEE NAME AND	RESIDENCE DATA TO BE	PRINTED ON	THE PATEN	Γ (print or type)		
PLEASE NOTE: Unless recordation as set forth in	s an assignee is identified bein 37 CFR 3.11. Completion of	low, no assignee f this form is NO	data will app T a substitute	pear on the patent. If an assign for filing an assignment.	nee is identified below, the d	ocument has been filed fo
(A) NAME OF ASSIGN	EE	(E	B) RESIDENCE: (CITY and STATE OR COUNTRY)			
Luk, Automobi-	technik CombH .		Hückes	swagen, Germany		
Diagraphy and the commence of				patent): 🗖 Individual 🔯 C	d d to	По
4a. The following fee(s) are		•	nited on the p	,	orporation or other private gro	oup entity Government
Issue Fee	enciosea:	40		in the amount of the fee(s) is en	nologod	
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.			
Advance Order - # or		 ·	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 502720 (enclose an extra copy of this form).			
_ ~ .	(from status indicated above)					7
a. Applicant claims S	MALL ENTITY status. See 3	7 CFR 1.27.	b. Applic	cant is no longer claiming SMA	LL ENTITY status. See 37 C	FR 1.27(g)(2).

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Authorized Signature

Bateman Typed or printed name

Registration No. _

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